#### WELCOME TO DAY 2!



SEPTEMBER 11 - 12, 2025 | RALEIGH, NC

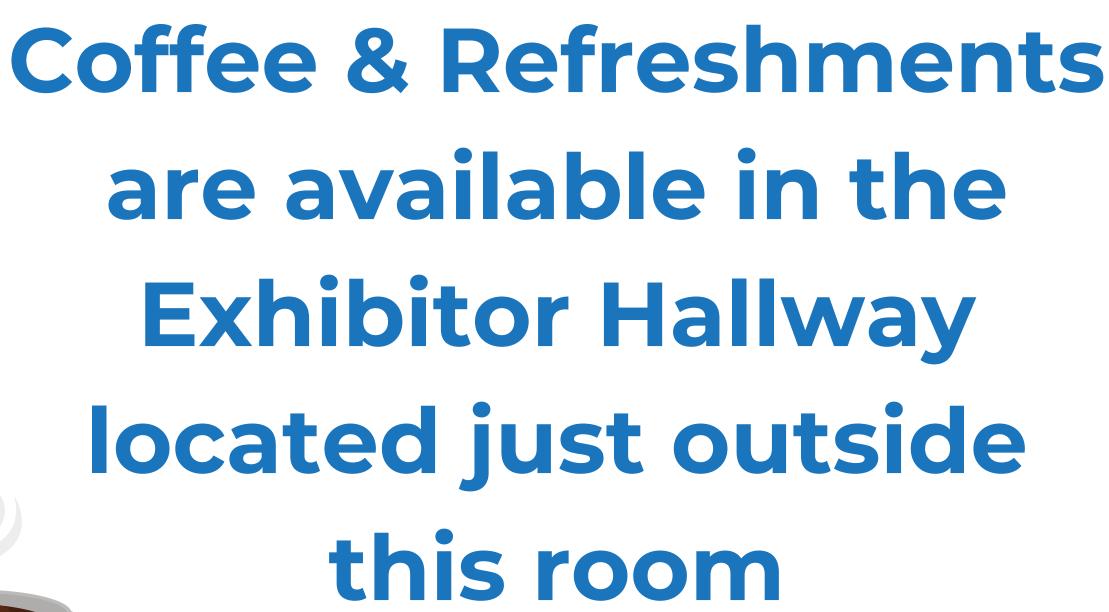


## Visit the exhibitors & enter for your chance to WIN an...











View this post on Instagram

A post shared by World Outreach Church (@wochu...

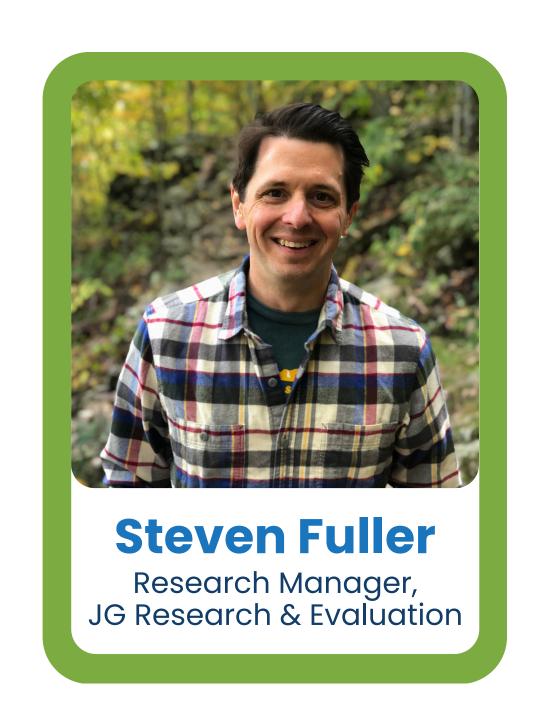


#### TODAY'S AGENDA

TIME	SCHEDULE Friday, September 12
8:00 AM	Networking & Coffee
9:00 AM	Welcome: Yesterday's Highlights, & Today's Forecast, Emcee Sheriff Blackwood
9:05 AM	CAST: Advancing Capacity Assessments for Substance Use Treatment Systems, Steven Fuller
9:30 AM	Keynote: Cultivating Recovery Capital: David Whitesock
10:15 AM	Celebrating Impact: NC Attorney General Jeff Jackson
10:30 AM	Networking Break
10:45 AM	Panel Discussion: From Individual to Community Capital: Justice, Housing, and Peer-Led Pathways Facilitated by David Whitesock
11:45 AM	Rulo Strategies: How To Do Big Things: Opportunity Awaits - Suit Up
12:15 PM	Lunch & Networking
1:00 PM	Case Studies: Recovery in Practice
2:30 PM	Closing Charge & Ipad Raffle!

### CAST: ADVANCING CAPACITY ASSESSMENTS FOR SUBSTANCE USE TREATMENT SYSTEMS

- Works with the RAI team on 9-county capacity & needs assessments for the SUD continuum of care in Eastern NC.
- Prevention & public health experience: tobacco/e-cigarette use among teens in MT, suicide prevention with the Fort Peck Reservation, and early childhood education in Buncombe County.
- Broad project portfolio across NC, VA, OR & OH.
- Former Baptist minister with 13 years of service, including Senior Pastor in Gastonia, NC.





#### CAST Assessment:

Substance Use Continuum of Care for Nine-County Region of ECC



Steven Fuller, Research Manager, MDiv Brandn Green, Co-Owner, Principal Researcher, PhD Suzanna Powell, Senior Research Manager, PhD

#### The Situation

#### The Opioid Epidemic

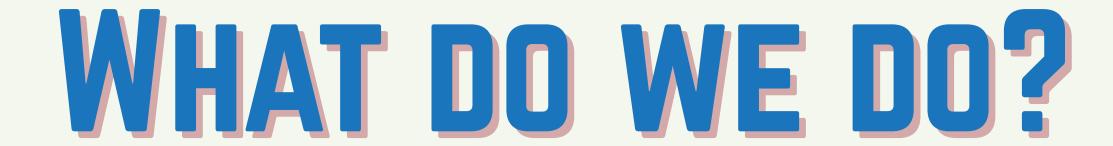
- Increased the need for services
- Increased the urgency of need
- National problem with personal consequences

#### The Situation

National problem

Region

Community



Personal need

## CAST Assessment: What is CAST?



#### Calculating an Adequate System Tool (CAST)

- Version 1.0 (2015): Developed in 2015 at Substance Abuse and Mental Health Services Administration (SAMHSA) Published in Preventing Chronic Disease
- Version 2.0 (2017): Updated to include opioid response module and estimate of risk from social determinants
- Version 3.0 (2020): Updated to include rural specific estimates, expanded interventions, and additional modules
- Version 4.0 (now): A web-based platform and adding additional modules
  - Mental health interventions for adults and youth, being one.

### CAST Assessment: How Has CAST Been Used



- State-wide assessments: Nevada and Oregon
- Regional assessments: Virginia, North Carolina, Ohio, Montana, New Hampshire
- County assessments: North Carolina, Delaware, Montana, Pennsylvania, Michigan
- Specialty populations: Adapted for use on U.S. Army installations through a project with the Army Public Health Center

## CAST Assessment: Why is CAST useful and distinctive?



CAST is a tool that <u>helps communities estimate local needs for substance use services</u> by looking at social factors, then recommends the right mix of prevention, treatment, and recovery supports.

"A recently developed, promising framework that uses social indicators to estimate substance abuse treatment need in a population is the Calculating for an Adequate System Tool or CAST (Green, et al., 2016). This methodology provides a framework for estimating needs at the local level and, based on these estimates, calculating community-specific recommendations at the service level for components of the continuum of care (promotion, prevention, referral, treatment, and recovery) by using social indicators to modify estimates of the population's needs."

 Needs Assessment Methodologies in Determining Treatment Capacity for Substance Use Disorders: Final Report, U.S. HHS, Assistant Secretary for Planning and Evaluation, 2019

#### The Question

### WHAT DO WE NEED?

#### What do we need?

## Across the continuum



Recovery

Supports





Substance Use
Disorder
Continuum
of Care







#### What do we need?

#### Estimated need

- Prevalence: National Survey Drug Use and Health (NSDUH)
- Social Determinants of Health (SDOH): American Community Survey
- Evidence-based practices: Substance Abuse Mental Health Services Association (SAMHSA)

#### Regional NSDUH-based Prevalence Estimates: Adults

Outcome	North Carolina Prevalence Estimates 2022	Estimated Population in Nine-County Region, 2024
Past Month Illicit Drug Use	13.22%	51,194
Past Month Illicit Drug Use Other than Marijuana	3.01%	11,656
Substance Use Disorder in the Past Year	16.06%	62,192

#### **Treatment: Capacity and Estimated Need**

Treatment	Unit	Regional Estimated Need
Regular Outpatient	Facilities	23
Hospital Inpatient Treatment	Locations	2
FDA approved MOUD	Providers	47

#### The Question

# WE KNOW WHAT WE NEED BUT WHAT DO WE HAVE?

#### But what do we have?

#### Capacity Estimates

- **Survey local providers**: How many peer support specialists do you have? How many ambulatory detox beds do you provide?
- Check public data sources: National Substance
   Use and Mental Health Services Survey
   (NSUMHSS), Licensing boards, annual reports,
   etc.

#### Capacity Estimates: Organizations Included

We received data from 106 different organizations

across the nine county region.

of those organizations serve multiple counties

within the region.



#### **Treatment: Capacity and Estimated Need**

Treatment	Unit	Regional Capacity	Regional Estimated Need	Proportion of Need Met	County or Regional Thinking
Regular Outpatient	Facilities	21	23	91%	Region
Hospital Inpatient Treatment	Locations	1	2	50%	Region
FDA approved MOUD	Providers	19	47	40%	Region

#### The Question

## WE KNOW WHAT WE HAVE BUT

## DOES IT REFLECT LOCAL EXPERIENCE?

#### Does it reflect local experience?

#### Qualitative data (interviews)

- People with lived experience in the substance abuse continuum of care
- Providers
- Provide preliminary data to local public health office and key stakeholders

#### Qualitative Results

#### **General Lack of Capacity**

"We start running into more of a barrier... with intensive outpatient. And residential... I was... trying to find... a licensed facility that treated dual-diagnosed clients... it was only private insured or self-pay."

"There is nowhere in Jones County that anyone can go to receive... services for substance use... it's a resource desert."

"We seem to be forced to pay our staff... 60 to 70% of what they could be making elsewhere... we've never been able to offer benefits or retirement."

#### The Question

### WE KNOW WHAT WE HAVE. WE KNOW IT'S REAL... WHAT DO WE DO ABOUT IT?

#### What do we do about it?

#### Strategy to Action

- Cost modeling
- Local and regional recommendations
- Local and regional actions

#### Treatment: Cost Modeling

Treatment	Observed Levels of Service Provision	Estimated Need	Capacity Gap in Units	Per Unit Cost	Estimated Total Cost to Fill Gap
Regular Outpatient	21	23	2	\$8,386.00	\$17,107
Hospital Inpatient Treatment	1	2	1	\$17,250.00	\$17,250
FDA approved MOUD	19	47	28	\$7,451.00	\$208,628

#### **Low Cost Interventions**

Prevention	Harm Reduction	Diversion & Deflection, Opioid Supply Limit	Treatment	Recovery Residences	Recovery Supports
Community coalitions	Fentanyl/Xylazine Test Strips	Youth Specialty Courts	Detox - Hospital Inpatient		Religious advisors with specialization in SUD/MH
School-based Assembly Prevention	Safer drug use Ed./ Overdose safety planning	Prescription Drug Use Monitoring Program	Short-term Residential (Non-hospital, <30 days)		
Community-based Prevention Programs	Medication Take Back Events	MAT in Jails and Prisons	Intensive Outpatient		
School-based Classroom Prevention	Prescription Drug Disposal Locations	Reentry Coucil	Regular Outpatient		
	Naloxone Units	Adult Specialty Courts	Hospital Inpatient Treatment		
	Medication Disposal Kits	Peer Support in Jails	Group Counseling		

Notes: <\$100,000 to meet estimated need

#### Conclusion: Regional Recommendations

#### **Harm Reduction**

- Ensure regional saturation of Naloxone units
- Host additional medication take back events
- Establish opioid overdose response teams where able
- Establish regional syringe services programs

#### **Diversion and Deflection**

- Provide transportation to providers who can serve clients in jails and prisons where MAT is not available
- Establish additional adult specialty courts
- Provide jail navigators and peer support specialists to serve those involved in the criminal justice system

#### **Treatment**

- Develop Outpatient Day treatment and/or partial hospitalization programs
- Increase the number of FDA approved MOUD providers
- Develop additional Ambulatory and Hospital Inpatient Detox programs
- Develop Intensive Outpatient Programs
- Add long-term residential treatment beds

#### **Recovery Residences**

- Add Level II (monitored) recovery residences
- Fill gaps in the Level I (peer-run) and Level III (managed) recovery residences

#### **Recovery Supports**

- Increase transportation services for those affected by SUD
- Establish rental subsidy and rental deposit assistance programs for those affected by SUD
- Develop additional job training programs for people affected by SUD
- Encourage and assist religious advisors in receiving special training for treating people affected by SUD

#### The Question

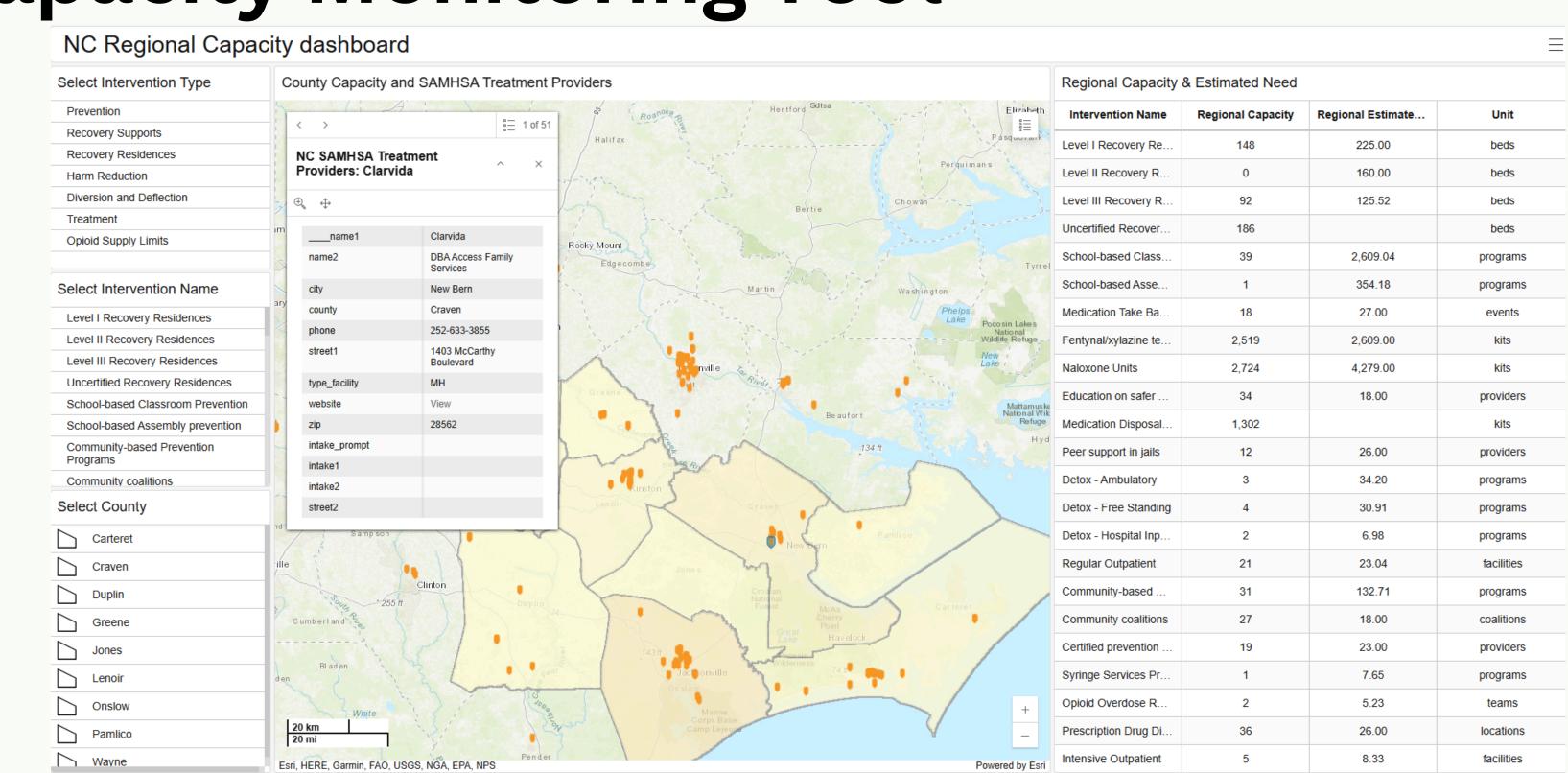
### WE KNOW WHAT TO DO WHAT IF IT CHANGES?

#### The Question

## IT'S GOING TO CHANGE! WE WANT IT TO CHANGE!

#### When it changes...

#### Capacity Monitoring Tool



## QUESTIONS and Contact Info

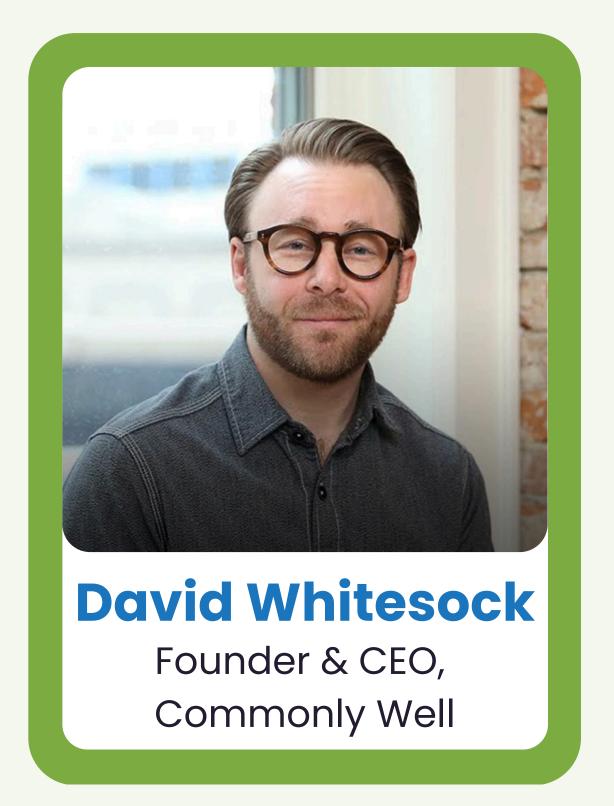
Steven Fuller: steven@jgresearch.org Brandn Green: brandn@jgresearch.org



#### KEYNOTE: CULTIVATING RECOVERY CAPITAL

#### David Whitesock - Founder & CEO, Commonly Well

- Leader in addiction, recovery & technology since 2004
- Creator of the Recovery Capital Index® (RCI)
- Founder & CEO of Commonly Well (2020)
- Works with healthcare & behavioral health systems to improve patient experiences
- Advocate & speaker on addiction, mental health, attorney wellbeing, and impaired driving prevention
- Based in Potsdam, NY enjoys the Adirondacks with his wife & beagle







### Cultivating Recovery Capital

Aligning a standard measure across systems to promote quality, safety, growth, collaboration, and sustainability

David Whitesock, JD/MA

12 SEPTEMBER 2025













#### JEFF JACKSON, ATTORNEY GENERAL OF NORTH CAROLINA

#### **Jeff Jackson – Attorney General of North Carolina**

- Dad, husband, soldier, and 51st Attorney General of NC
- Advocates for the safety & well-being of NC families; voice for all North Carolinians
- Military & Service
  - Enlisted after 9/11; served in Afghanistan
  - Major in the Army National Guard 22 years of service
- As Attorney General
  - Leads NC Department of Justice
  - Protects taxpayers, seniors, consumers & military families from scams/fraud
  - Oversees NC State Crime Lab, Justice Academy, and law enforcement training standards
  - Handles state criminal appeals & assists DAs with complex cases









### Panel 2: Facilitated by David Whitesock

## "FROM INDIVIDUAL TO COMMUNITY CAPITAL: JUSTICE, HOUSING, AND PEER-LED PATHWAYS"









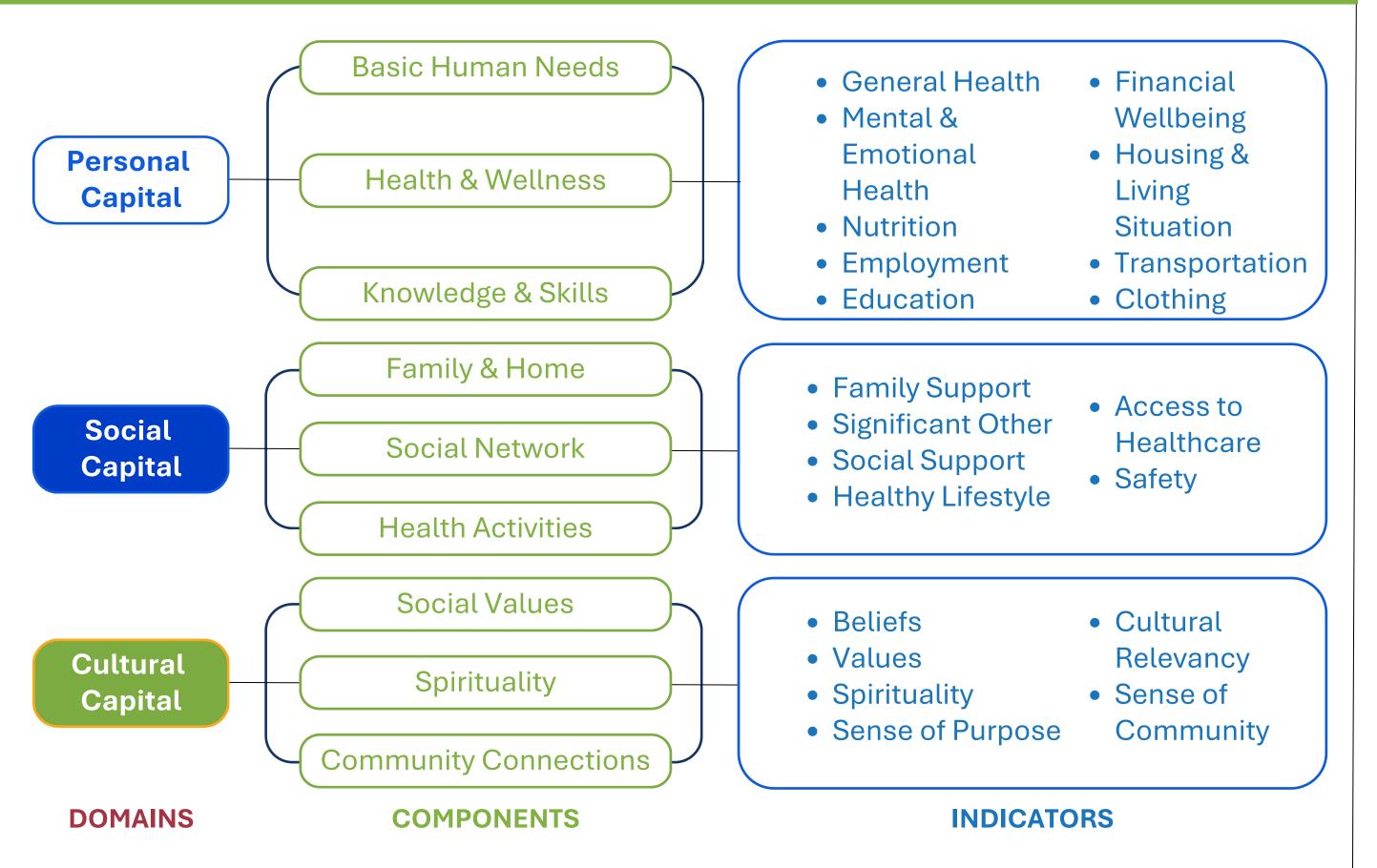




### HOW TO DO BIG THINGS

# OPPORTUNITY AWAITS – SUIT UP

### Recovery Capital Index



# Share Your Success:

- How is your community succeeding in addressing the components of recovery capital? List programs, interventions or supports.
- List one per card.
   You can do multiple.
- Post on the wall.
- Leave your contact information.





# LUNCH & NETWORKING



# Case Studies



### TABLE FACILITATOR

### **How It Works**

- Case studies highlight individual + community context with prompts.
- Participants discuss, applying local knowledge of services.

### **Facilitator Role**

- Guide discussion + record responses.
- Encourage ideas, innovation, and collaboration.
- End with a community takeaway from participants.
- Turn in notes to RAI staff.



### TABLE DISCUSSION POINTS

- 1. What <u>BARRIERS</u> exist in our systems and agencies that prevent this person from getting the help they need?
- 2. Where were the <u>MISSED OPPORTUNITIES</u> for earlier intervention?
- 3. What could <u>SYSTEMS DO DIFFERENTLY</u> to better support people?
- 4. How can our <u>SECTORS WORK TOGETHER</u> to build a recovery-supportive community?



### CASE STUDY #1: JILLIAN

### **Background**

• First-generation American, oldest of three; family prioritized education despite financial strain, cultural stigma discouraged discussions of behavioral health and substance use challenges.

### **Early Challenges**

- Developed an untreated eating disorder as a teen; later turned to alcohol as a coping mechanism, and would face recurring substance use or disordered eating.
- Attended 14+ programs, often without continuity of care.

### **Ongoing Barriers**

Divorce, postpartum depression, custody loss, strict Nursing Board restrictions,
 DUIs, and brief incarceration.



### **CASE STUDY #2: ALEX**

### **Background**

Oldest of three, grew up with stability in housing, food, and healthcare.

### **Early Challenges**

• At age 8, sustained a traumatic brain injury; early feelings of abandonment and isolation. By adolescence: depression, self-harm (burning & cutting), suicidal ideation, and early substance use (alcohol, marijuana, household drugs).

### **Ongoing Barriers**

Faced social trauma, family disruption, and increasing high-risk behaviors. At 18, substance use led to being asked to leave home; entered outpatient care, then inpatient treatment— first structured recovery experience.



### CASE STUDY #3: KAREN

#### **Background**

- Grew up in rural NC, close-knit family with both parents and a younger sister
- Mother was community-involved but struggled with unaddressed trauma and opioid use disorder

### **Early Challenges**

- Middle/high school: mother's behavior, psychosis, and outbursts
- Karen took on adult responsibilities while trying to protect her younger sister
- Supportive factors: church, band, father's steady presence, extended family

### **Ongoing Barriers**

- Mother experienced repeated treatment episodes and returns to use, often facing stigma.
- Healthcare system overlooked substance use (e.g., labeled as "pneumonia")
- Family income blocked access to needed programs; little school or system recognition





# LARGE GROUP DEBRIEF

### CASE STUDY #1: "JILLIAN"



# JULIA CHEDAILLE



### CASE STUDY #2: "ALEX"



# CHRIS BUDNICK



### CASE STUDY #3: "KAREN"



## ERIN DAY



### JULIA



### **CHRIS**



### **ERIN**





### QUESTIONS FOR JULIA, CHRIS & ERIN

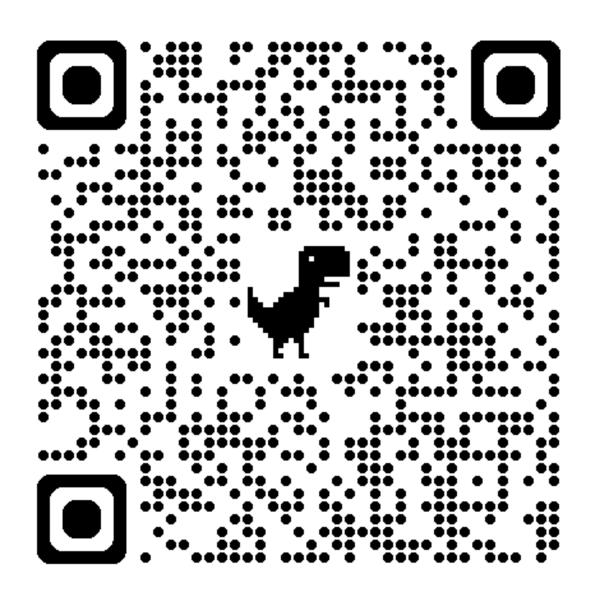
- 1. What is your life like now?
- 2. What was your pathway to recovery / healing? For your family?
- 3. What was one of your personal most significant challenges? And, how did you overcome it?
- 4. What was your most significant barrier in the care system? And, how did you overcome it?
- 5. Is there someone that you leaned on the most/or most supportive role?



# DAY 2 ATTENDEE EVALUATION

 Help us improve and shape future events

 In order to earn CE credits, it is a requirement to fill out these evaluations



thank you!

# DAY I ATTENDEE EVALUATION

If you missed the day I eval yesterday, you can find it here. We will also email these links to

 In order to earn CE credits, it is a requirement to fill out these evaluations

### Training Opportunity!



### **CURRICULUM:**

# "HOW TO DO BIG THINGS" LEADING COLLABORATIVE EFFORTS FOR LASTING IMPACT



In-Person: SEP 29<sup>th</sup> | 9:00 AM – 4:00 PM

Self-Paced Virtual: Pre-Work & Day 2 (Flexible Access)

### Location

Harrison Center, New Bern, NC







Created in partnership with: RULO Strategies

## SAVE THE DATE PRECOVERY







# SYMPOSIUM



Increase awareness, collaboration, advocacy, and action within recovery-supported communities.

Riverfront Convention Center | 203 S. Front Street | New Bern, NC



# Thank YOU for all tireless efforts in your communities around NC. We see you. We appreciate you.